

South Carolina Lifeline and Link-up Application

Administered by the State of South Carolina Office of Regulatory Staff

1401 Main Street Suite, 900
Columbia, SC 29201
TOLL FREE: 1-866-788-6565

Name: _____
FIRST MI LAST

Street Address: _____
APT. #

City: _____ **State:** _____ **Zip:** _____

Phone Company Name: _____ **Your Phone Number:** _____

(Note: If you do not have local phone service, contact your local provider and request Link-Up.)

☐ **HEALTHY CONNECTIONS (Medicaid) ID #** _____

☐ **SNAP (Food Stamps) Card #** _____

☐ **TANF Client #** _____

I certify, under penalty of perjury, that the above information is true. I understand that I must participate in at least one of the above programs to receive Lifeline and/or Link-Up. I certify that the above telephone number is in my name and that I do not receive Lifeline on any other phone. I understand that the Lifeline assistance is only available for one wireline or one wireless phone per household. I give permission to the duly authorized official(s) administering the above authorized programs to provide the local telephone company information regarding my participation status in any of the above programs(s). I understand that if I no longer receive these benefits, I must notify my telephone company.

Signature of Applicant: _____ **Date:** _____

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